

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>OSCEOLA HOUSING AUTHORITY</u> PHA Code: <u>MO038</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/01/2010</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>76</u> Number of HCV units: <u>0</u>					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <u>N/A</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>The PHA's mission is "To improve the quality of life for the citizens in our Community, we will provide affordable, clean, safe and decent housing in a suitable living environment without discrimination to low-income families, very low-income families, persons with disabilities or the elderly. We will strive to provide outreach and human services essential to promoting self-sufficiency through the extension of basic services".</b>					
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. –  <b>The PHA's goals/objectives are:</b> <ol style="list-style-type: none"> <li>1) Provide clean, safe, decent and affordable housing in our Community</li> <li>2) Ensure equal opportunity in our housing program for everyone</li> <li>3) Recognize our residents as our customers</li> <li>4) Seek partner solving partnerships with residents, community and local government</li> <li>5) Promote self-sufficiency and economic opportunity for program participants through the partnership with local agencies</li> <li>6) Continue to enforce our program requirement and policies</li> <li>7) Apply our limited resources in an efficient, productive manner that contributes to a well maintained and quality community with long term service to the residents</li> </ol>					
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: - <b>NONE</b>  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  <p style="text-align: center;"><b>PHA Administrative Office located at 102 Goodrich, Bldg. 11, Osceola, Missouri</b></p>					
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <span style="float: right;"><b>N/A</b></span>					
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.					
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>P&amp;E Reports for FY2006, FY 2007, FY 2008 and FY 2009 are included in submission.</b>					
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>5-Year Action Plan included in submission.</b>					
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.  <p style="text-align: center;"><b>N/A</b></p>					

9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>The PHA's strategy for addressing housing needs of families in the jurisdiction and on the waiting lists is the continued implementation of Equal Opportunity Policies, applying resources in an efficient and productive manner which contribute to a quality community and long-term viability. We strive to maintain fiscal integrity as well as seek partnerships with residents, community and local government. We will continue to follow all federal regulations and policies from the United State Department of Housing and Urban Development and State or local laws in the proper administration of our local housing programs.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. – <b>The PHA is continuing to meet its mission and goals as set forth in the 5-Year Plan with continued outreach to the very-low and low-income families. The PHA is and has been participating in the Capital Fund Program to insure that the integrity of the facilities is maintained so as to provide decent, safe and sanitary housing to low-income families.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" – <b>The PHA defines a significant amendment and substantial deviation as follows:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Changes to rent or admissions policies or organization of the waiting list</b></li> <li>▪ <b>Change in the use of replacement reserves under the Capital Fund</b></li> <li>▪ <b>Any change with regard to the type of program(s) the PHA provides to the local community (i.e., Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs)</b></li> <li>▪ <b>Any change inconsistent with the local, approved Consolidated Plan</b></li> <li>▪ <b>Is when a non-emergency work item is added to the scope of work included in the Annual Statement that is not similar in nature to work items in the Plan that have been approved by HUD.</b></li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

## 12.0 ADDITIONAL INFORMATION: VAWA

**THE PHA CONTINUES TO PROVIDE INFORMATION AND MAKES FORM HUD-50066 CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING AVAILABLE TO SERVE THE NEEDS OF CHILD AND ADULT VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING. THE PHA REFERS VICTIMS TO LOCAL AND COUNTY AGENCIES AS NECESSARY.**

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b>  <b>OSCEOLA HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	17,800.00			
10	1460 Dwelling Structures	56,493.00			
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.00			
12	1470 Non-dwelling Structures	2,000.00			
13	1475 Non-dwelling Equipment	8,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>OSCEOLA</b> <b>HOUSING</b> <b>AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:           )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	100,793.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	52,000.00			
<b>Signature of Executive Director</b>  <div style="text-align: right;">04-14-2010</div>		<b>Signature of Public Housing Director</b>  		<b>Date</b>  	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: OSCEOLA HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MO16P038501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MO038-001 Osceola Housing Auth. PHA WIDE	ADMINISTRATION 1. Salaries/Benefits-CFP	1410		5,000.00				
	FEES AND COSTS 1. A/E Design Const/Consulting Services	1430		8,500.00				
	SITE IMPROVEMENTS 1. Playground surface improvements 2. Repair & install stone face for existing retaining wall behind Bldg. No. 1 and replace fencing 3. Site grading for drainage around bldgs. & fill dirt around rear porch slabs	1450		17,800.00				
	DWELLING STRUCTURES 1. Phase IV-Replace furnaces & window ac with central heat/ac 2. Phase IV -Replace water heaters 3. Replace carpet & tile in 3 apts. 4. Replace windows in 2 apts. 5. Install attic insulation	1460		56,493.00				

	DWELLING EQUIPMENT- Nonexpendable 1. Replace appliances in 3 apts.	1465.1		3,000.00				
	NON-DWELLING STRUCTURES 1. Install emergency release hardware on all designated exit doors	1470		2,000.00				
	NONDWELLING EQUIPMENT 1. Replace computer equipment 2. Replace printer 3. Replace typewriter 4. Playground equipment 5. Emergency space heaters for Community Building	1475		8,000.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**PART I: SUMMARY**

PHA Name/Number			Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name MO038 Osceola Housing Authority	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
<b>B</b>	Physical Improvements Subtotal	Annual Statement	Additional sidewalks and repairs. Foundation repairs (Bldg. 29) Living room lighting Replace attic insulation Install central heating/ac and water heaters Replace carpet & floor tile in 3 units	Replace attic insulation Install central heating/ac and water heaters Replace carpet & floor tile in 3 units Living room lighting Replace bathroom exhaust fans with exhaust fans having lights.	Living room lighting Install central heating/ac and water heaters Replace attic insulation Exterior lighting for security Replace carpet & floor tile in 3 units Replace bathroom exhaust fans with exhaust fans having lights	Living room lighting Replace carpet in elderly units: 1 B/R: 16 apts; 2 B/R: 2 apts. Replace guttering for dwelling structures Replace GFIs in kitchens/bathrooms
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		Misc. maintenance equipment and tools Replace exterior bldg. signage for office/comm.. bldg. and exterior identification signs.	Snow Blade for mower Replace mowing equipment Provide secondary exit for office space Community Bldg. furniture	Office equipment Construct secure storage space for files Site improvements	Misc. maintenance equipment and tools Replace guttering at office/community bldg.
<b>E</b>	<b>ADMINISTRATION</b>		Salaries/benefits for PHA staff	Salaries/benefits for PHA staff	Salaries/benefits for PHA staff	Salaries/benefits for PHA staff
F.	Other		Replace appliances A/E Design Construction/Consulting Services	Replace appliances A/E Design Construction/Consulting Services	Replace appliances A/E Design Construction/Consulting Services Replace 2-way communication radios for maintenance dept.	Site acquisition A/E Design Construction/Consulting Services Replace refrigerators (10) Tree Trimming
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$100,793.00	\$100,793.00	\$100,793.00	\$100,793.00
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		\$100,793.00	\$100,793.00	\$100,793.00	\$100,793.00



**PART I: SUMMARY (CONTINUATION)**

[illegible]

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY _____ 2011			Work Statement for Year: 2012 FFY _____ 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	PHA Wide			PHA Wide		
ANNUAL	<b>PHYSICAL IMPROVEMENTS</b> Additional sidewalks/repairs Foundation repairs-Bldg. 29 Living room lighting Attic insulation Central heating/ac/water heaters Carpet & floor tile	Lump Sum Lump Sum 10 17 17 3	5,000.00 5,000.00 3,000.00 5,000.00 58,293.00 3,000.00	<b>PHYSICAL IMPROVEMENTS</b> Attic Insulation Central heating/ac and water heaters Carpet & floor tile Living room lighting Bathroom exhaust fans with exhaust fans having lights	12 12 3 10 10	3,600.00 41,793.00 3,000.00 3,000.00 3,000.00
Statement	<b>PHA-WIDE NON-DWELLING STRUCTURES AND EQUIPMENT</b> Misc. maint. equipment & tools Exterior bldg. signage-office & comm.. bldg. Exterior identification signs	Lump Sum  Lump Sum	3,000.00  2,000.00	Snow Blade for mower Replace mowing equipment Secondary exit for office space Comm. Bldg. furniture/Office	1 1 Lump Sum Lump Sum	1,500.00 16,000.00 8,000.00 4,400.00
	<b>ADMINISTRATION</b> Salaries/benefits for PHA Staff	Lump Sum	5,000.00	<b>ADMINISTRATION</b> Salaries/benefits for PHA Staff	Lump Sum	5,000.00
	<b>OTHER</b> Replace appliances Fees/Costs	3 Lump sum	3,000.00 8,500.00	<b>OTHER</b> Replace appliances Fees/Costs	3 Lump Sum	3,000.00 8,500.00
	Subtotal of Estimated Cost		\$ 100,793.00	Subtotal of Estimated Cost		\$ 100,793.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year ____2013____ FFY ____2013____			Work Statement for Year: ____2014____ FFY ____2014____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	<b>PHYSICAL IMPROVEMENTS</b> Living room lighting Central heating/ac/water heaters Attic insulation Exterior lighting for security Carpet and floor tile Bathroom exhaust fans with exhaust fans having lights	10 14 14 Lump Sum 3  10	3,000.00 49,293.00 4,200.00 6,000.00 3,000.00  3,000.00	<b>PHYSICAL IMPROVEMENTS</b> Living room lighting Carpet in elderly apts. Guttering GFIs in kitchens/bathrooms	10 18 10 152	3,000.00 18,000.00 20,000.00 2,500.00
ANNUAL	<b>PHA-WIDE NON-DWELLING STRUCTURES AND EQUIPMENT</b> Office equipment Secure storage space for files Site Improvements	Lump Sum Lump Sum Lump Sum	3,000.00 2,000.00 10,000.00	<b>PHA –WIDE NON-DWELLING STRUCTURES AND EQUIPMENT</b> Maint. equipment/tools Guttering-office/community bldg.	Lump Sum Lump Sum	2,000.00 3,000.00
Statement	<b>ADMINISTRATION</b> Salaries/benefits for PHA Staff	Lump Sum	5,000.00	<b>ADMINISTRATION</b> Salaries/benefits for PHA Staff	Lump Sum	5,000.00
	<b>OTHER</b> Replace appliances Fees/Costs 2-way communication radios	3 Lump Sum Lump Sum	3,000.00 8,500.00 800.00	<b>OTHER</b> Site acquisition Fees/costs Refrigerators Tree Trimming	1 Lump Sum 3 Lump Sum	30,793.00 8,500.00 3,000.00 5,000.00
	Subtotal of Estimated Cost		\$ 100,793.00	Subtotal of Estimated Cost		\$ 100,793.00

**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	<b>Development Number/Name</b> General Description of Major Work Categories	Estimated Cost	<b>Development Number/Name</b> General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL				
Statement				

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<b>Part I: Summary</b>					
<b>PHA Name:</b>  <b>OSCEOLA HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000.00		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00		0	0
10	1460 Dwelling Structures	64,793.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00		0	0
12	1470 Non-dwelling Structures	1,000.00		0	0
13	1475 Non-dwelling Equipment	6,000.00		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> OSCEOLA HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	100,793.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>  <div style="text-align: right;">04-14-2010</div>		<b>Signature of Public Housing Director</b>  		<b>Date</b>  	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: OSCEOLA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	ADMINISTRATION 1) Salaries/benefits related to CFP	1410		5,000.00		0	0	Not Started
	FEES AND COSTS 1) A/E Design Const., Admin/Consulting Services	1430		8,000.00		0	0	Not Started
	SITE IMPROVEMENTS 1) West Side Fencing	1450		10,000.00		0	0	Not Started
	DWELLING STRUCTURES 1) Phase III-Replace Furnace and window ac with central HVAC 2) Replace water heaters	1460		64,793.00		0	0	Not Started
	DWELLING EQUIPMENT 1) Replace refrigerators and ranges	1465.1		6,000.00		0	0	Not Started
	NON-DWELLING STRUCTURES 1) Replace bathroom fixtures in maintenance bldg. 2) Install shelving in maintenance bldg.	1470		1,000.00		0	0	Not Started
	NON-DWELLING EQUIPMENT 1) Printer	1475		6,000.00		0	0	Not Started

	2) Security Camera							
	3) Maintenance Tools							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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U.S. Department of Housing and Urban Development  
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 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b>  <b>OSCEOLA HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000.00		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,500.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	42,334.00		0	0
10	1460 Dwelling Structures	35,000.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	4,805.00		0	0
13	1475 Non-dwelling Equipment	5,500.00		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

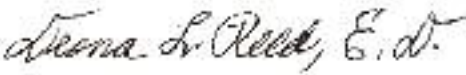
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>OSCEOLA</b> <b>HOUSING</b> <b>AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-08 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	101,139.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>  <div style="text-align: right;">04-14-2010</div>		<b>Signature of Public Housing Director</b>  <div style="text-align: right;"><b>Date</b></div>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part II: Supporting Pages</b>								
PHA Name: OSCEOLA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	ADMINISTRATION 1) Salaries/benefits related to CFP	1410		5,000.00		0	0	Not Started
	FEES AND COSTS 1) A/E Design Const., Admin/Consulting Services	1430		8,500.00		0	0	Not Started
	SITE IMPROVEMENTS 1) North Side Fencing 2) Additional Parking Lots	1450		42,334.00		0	0	Not Started
	DWELLING STRUCTURES 1) Phase II-Replae Furnace and window a/c with central HVAC	1460		35,000.00		0	0	Not Started
	NON-DWELLING STRUCTURES 1) Install emergency engine generator	1470		4,805.00		0	0	Not Started
	NON-DWELLING EQUIPMENT 1) Copy Machine 2) Computer 3) Security Camera 4) Maintenance Tools	1475		5,500.00		0	0	Not Started

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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<b>Part I: Summary</b>					
<b>PHA Name:</b>  OSCEOLA HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-07 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:#1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000.00	5,000.00	5,000.00	1,349.21
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,500.00	8,500.00	8,500.00	1,519.25
8	1440 Site Acquisition				
9	1450 Site Improvement	36,410.00	14,853.74	14,853.74	14,853.74
10	1460 Dwelling Structures	39,895.00	50,614.94	50,614.94	23,711.44
11	1465.1 Dwelling Equipment—Nonexpendable	4,000.00	5,940.00	5,940.00	5,940.00
12	1470 Non-dwelling Structures	2,000.00	10,860.92	10,860.92	10,860.92
13	1475 Non-dwelling Equipment		35.40	35.40	35.40
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

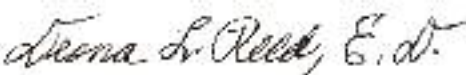
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> OSCEOLA HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-07 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	95,805.00	95,805.00	95,805.00	58,269.96
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 04-14-2010		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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<b>Part II: Supporting Pages</b>								
PHA Name: OSCEOLA HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MO16P038501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	ADMINISTRATION 1) Salaries/benefits related to CFP	1410		5,000.00	5,000.00	5,000.00	1,349.21	In Progress
	FEES AND COSTS 1) A/E Design Const.,Admin/Consulting Services	1430		8,500.00	8,500.00	8,500.00	1,519.25	In Progress
	SITE IMPROVEMENTS 1) Additional Parking Lots 2) Tree Trimming 3) Sidewalk Replacement	1450		36,410.00	14,853.74	14,853.74	14,853.74	In Progress
	DWELLING STRUCTURES 1) Furnace/AC Replacement-Phase I 2) Renovations-Bldg. No. 9	1460		39,895.00	50,614.94	50,614.94	23,711.44	In Progress
	DWELLING EQUIPMENT 1) Replace refrigerators	1465		4,000.00	5,940.00	5,940.00	5,940.00	Complete
	NONDWELLING STRUCTURES 1) Replace carpeting	1470		2,000.00	10,860.92	10,860.92	10,860.92	Complete
	NONDWELLING EQUIPMENT 1) Playground Equipment	1475		0	35.40	35.40	35.40	35.40
				95,805.00	95,805.00	95,805.00	58,269.96	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b>  OSCEOLA HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-06 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:#1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	2,000.00	0	0	0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000.00	5,000.00	5,000.00	5,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,500.00	2,780.00	2,780.00	2,780.00
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00	2,312.07	2,312.07	2,312.07
10	1460 Dwelling Structures	62,102.00	83,342.22	83,342.22	83,342.22
11	1465.1 Dwelling Equipment—Nonexpendable		614.00	614.00	614.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	6,000.00	4,553.71	4,553.71	4,553.71
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

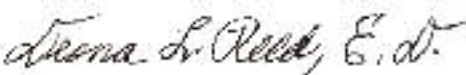
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> OSCEOLA HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	98,602.00	98,602.00	98,602.00	98,602.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 04-14-2010	<b>Signature of Public Housing Director</b>  		
			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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<b>Part II: Supporting Pages</b>								
PHA Name: OSCEOLA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: MO16P038501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2006</b>		
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	OPERATIONS 1) Transfer Funds	1406		2,000.00	0	0	0	Reallocated
PHA WIDE	ADMINISTRATION 1) Salaries and benefits-CFP Program	1410		5,000.00	5,000.00	5,000.00	5,000.00	Complete
PHA WIDE	FEES AND COSTS 1) A/E Design Const., Admin/Consulting Services	1430		8,500.00	2,780.00	2,780.00	2,780.00	Complete
001	SITE IMPROVEMENTS 1) Additional Parking Lots 2) Tree Trimming	1450		15,000.00	2,312.07	2,312.07	2,312.07	Complete
001	DWELLING STRUCTURES 1) Kitchen Cabinet Replacement Phase II 2) Furnace/AC Replacement Phase 1	1460		62,102.00	83,342.22	83,342.22	83,342.22	Complete
001	DWELLING EQUIPMENT- Nonexpendable 1) Purchase of appliances	1465.1		0	614.00	614.00	614.00	Complete
	NON-DWELLING EQUIPMENT	1475		6,000.00	4,553.71	4,553.71	4,553.71	Complete
				98,602.00	98,602.00	98,602.00	98,602.00	Complete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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January 29, 2010

RESIDENT ADVISORY MEETING - January 21, 2010 at 12:35 p.m.

Present: Rella Vaughn Apt. 3A Deona Reed, Ex. Director  
Betty Davis Apt. 5B Otto Krueger, A & E Consultant (for part)  
Deloris Blankenship Apt. 16B  
Richard Delemater Apt. 1B  
Danny and Barbara Hopkins Apt. 5A  
Wayne and Sylvia Myers Apt. 12B  
Sharon Short - Sisk Apt. 12A  
Tina Eaton Apt. 14B  
Billy Lego Apt. 2D  
Jimmy Garlett Apt. 2A  
Absent: Unable to attend were: Micka White Apt. 22A and Reva Teets Apt. 1D

Suggestions and Items discussed for needs, ideas, and improvements to the Osceola Housing Authority are as follows:

1. Living Rooms Lights or Fan with Lights
2. Replace Windows
3. Air-Conditioners Covers
4. Sidewalk or another Set of Steps - Bldg. 16 to Road
5. Covered Porches/Screens in Elderly
6. Bicycle Track at Playground for Kids to Ride
7. Make Concrete at Porches Bigger
8. Landscaping/More Trees
9. Storage Units
10. More Security Lights
11. Marked Guest/Visitor Parking
12. Back Porches - Step/ Ramp or Dirt

Other ideas were discussed, but some were already in the plan. Security Cameras, Tree Trimming, Concrete Edge around Playground, Copier, Computers, Printer, Mower and Snowblade Replacement.

The next meeting will be Wednesday, February 3, 2010 at 10:30 a.m. at the Community Building. This will be our final meeting for now. A draft copy of the plan will be ready for review. Please plan to attend. Thank you.

Deona L. Reed, Executive Director  
cc: copies to all RAB members

February 5, 2010

RESIDENT ADVISORY MEETING - February 3, 2010 at 10:30 a.m.

Present: Rella Vaughn	Apt. 3A	Tina Eaton	Apt. 14B
Betty Davis	Apt. 5B	Wayne and Sylvia Myers	Apt. 12B
Richard Delamater	Apt. 1B	Deona Reed, Ex. Director	
Barbara Hopkins	Apt. 5A		

The Resident Advisory Board reviewed some suggestions for improvements to be included in the plan, and reviewed the plan update draft. Things included in the five year plan are storm doors, more fencing, energy efficient furnaces and central air, new hot water heaters.

The propane tank upgrade along with new vaporizers will be done. Deona discussed our funding and grants. New suggestions were: Another bathroom plug-in, back porches covered or guttering on back roof area. Sidewalk back of building 3, resurface some of the back porches, Laundromat for those who don't have washer and dryer hook-ups, (studio units), high-rise stools in senior apartments, and blinds. Deona said we are looking at new bathroom exhaust fans with a light, and fill dirt at some of the porches, and insulation was discussed.

We plan to:

More storm doors	Security Camera
North and West Fencing Replaced	Replace Copier
Furnace and Air-Condition Replacement	New Printer and Typewriter
Hot Water Heater Replacement	Living Room Lights
Propane Tank Upgrade and new Vaporizers	Tree Trimming
New Bathroom Exhaust Fans with a Light	Replace Tile
Emergency Release Hardware for Exit Doors	Playground Surface Improvements
Repair and Install Stone Face for Existing Retaining Wall and Replace Fencing	
Emergency Release Hardware for Exit Doors	Sidewalk Repair/Replacement
Fill Dirt around some of the Porches	

Work will be done as funding allows.

For those of you who could not make the meeting, a draft copy of the plan is available in the office. Thank you to those who have attended the meetings. I have appreciated your ideas and suggestions for our apartment complex.

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Deona L. Reed, Executive Director

Copies to all RAB Members